THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII. WEDNESDAY, JUNE 17, 1840. No. 19.

DR. KING'S PRIZE DISSERTATION ON ERYSIPELAS.

[Concluded from page 284.]

Treatment.—THE treatment of this disease is to be governed more by a just consideration of the symptoms, the cause, the constitution, the previous history, and other circumstances relating to individual cases, than by theoretical notions of its pathological nature, or by definite rules founded upon speculative conclusions. Perhaps there is no disease in which it is so difficult to separate the accidental from the invariable morbid states of the organism, and to hold up to the mind's eye the idiopathic disease, distinct from the disordered functions, or structural lesions, which accidentally complicate it. In fact, the true indications of treatment are to be drawn from a survey of the varying morbid conditions, and the degree of vital energy manifested in individual cases. A consideration of the causes, symptoms, progress and terminations of erysipelas, gives rise to three indications of treatment. 1. To diminish vascular action and capillary congestion. 2. To restore the secretions to a healthy condition. 3. To support the vital energies and give tone to the organism.

1. *Simple Erysipelas—E. Simplex.*—In many cases of simple erysipelas, the disease, if left undisturbed by art, will run its course in a few days, and terminate in resolution, or by vesication, and desquamation of the cuticle. In such cases, abstinence, rest, the administration of a mild cathartic and diluents, will favor the tendency to resolution. In other cases, the accumulation of morbid secretions in the primæ viæ, producing nausea, white or yellow coat of the tongue, bitter taste in the mouth, &c., demand a more active course. It will be necessary to administer an emetic, followed by ext. colocynth and submurias hydrargyri as a purgative. Salines and diaphoretics, with, perhaps, a few doses of blue pill at night, will complete the cure. An emetico-cathartic, composed of tart. antimonii, pulv. ipecacuanhæ, and submurias hydrargyri, may be used in cases of gastric capiliary congestion, with accumulation of mucous and bilious matter in the stomach and duodenum, with the effect of removing morbid secretions, and diminishing, in a great degree, the general and local disorder.

When, in addition to morbid secretions in the primæ viæ, the disease seems to depend upon inflammatory irritation of the mucous membrane of the stomach or duodenum, emetics are counter-indicated. Local bleeding from the epigastric region, by leeches (their number being pro-

portioned to the degree of inflammation), is then an important remedial means. Warm emollient poultices, applied over the epigastrium, and region affected, should succeed the application of leeches. The repetition of the leeches and poultices will be determined by circumstances. Mild laxatives and emollient enemas will be proper additional remedies.

When the erysipelas affects the face, with considerable tumefaction, heat and tension, the patient being young and plethoric, the pulse full and strong, or hard, general bloodletting from the arm or foot will be the first and most important remedy. Blood may be abstracted, locally, from the inflamed surface, if it be tense and hot, by means of punctures, as advised by Mr. Dobson. These punctures may be made by a lancet upon the inflamed surface, and especially around its circumference, to the extent of some hundreds or thousands; the bleeding being encouraged by sponging with warm water. Acupuncture may be repeated twice a day, or more often, according to the intensity of the inflammation. The next remedy in such a decided case of acute inflammation, is an emetico-cathartic, consisting of tart. ant., pulv. ipecac. and submuriate hydrarg., or a cathartic composed of ext. colocynth., comp. pulv. Jacobi, and submuriate hydrarg. These are to be administered if there be no signs of gastro-enteric inflammation. Saline purgatives, diaphoretics, and the use of blue pill, and the ext. colocynth, comp., according to the condition of the hepatic secretion, will constitute, principally, the subsequent treatment. If during convalescence the tone of the organism be much impaired, wine and bark will be beneficial—rendering the cure more complete, and a recurrence of the disease less probable.

If great determination to the brain takes place, or if inflammation commence in its membranes, or substance, from sympathy with, or metastasis of the inflammation of the face, then the most decided antiphlogistic course must be pursued. General and local bleeding, derivative, and mercurial purgatives, blisters to the inferior extremities, in some instances to the back of the neck, are to be employed, as in idiopathic inflammation of the brain. In all cases of sudden metastasis, or transference of capillary irritation, it will be best to treat the disease, in its new seat, upon antiphlogistic principles, whilst we endeavor to recall the erysipelas by exciting a fluxion to the capillaries of the cutaneous surface.

When simple erysipelas occurs in the extremities, it is necessary to direct attention to the posture of the limb, and to guard it from external irritation. The general treatment is to be regulated by a consideration of the state of the secretions, the degree of vascular excitement, and constitutional energy. If the local inflammation be considerable, blood may be taken from the limb by means of leeches or acupuncture, the bleeding being encouraged by sponging with warm water, or warm fomentations.

If the disease assume an erratic form, it will be proper to attempt to fix it by the application of blisters or nitrate of silver around its margin. As this form occurs in patients enfeebled by age, of intemperate habits, long exposure to impure air, or as the result of protracted disease or organic lesions, it will be necessary to support the vital energies by tonics and stimulants, to remove excrementitious matter in the primæ viæ by

tonic purgatives, and to combat existing complications by appropriate therapeutical means. The muriated tincture of iron is one of the best tonics, in such cases, according to Sir Charles Bell.

If there exist inflammation in the organs of the abdomen or thorax, submuriate hydrarg. combined with opium and camphor, carried to the point of affecting the mouth, will be requisite. If there be much nervous irritability, independent of inflammation, but connected with a morbid condition of the circulating fluids, and exhaustion of vital power, carbonate of ammonia and opium may be administered. If the cerebral disturbance is connected with disordered hepatic secretion, the opium may be combined with submur. hydrarg. Ten grains of Dover's powder, and five grains of submur. hydrarg. may be given at night, and repeated a few times. If the hepatic derangement be chronic, submur. hydrarg., or blue mass combined with aloes and antimony, or rhubarb and soda, may be used. The mercurial treatment, carried to ptyalism, will often in such old derangements be the most effectual remedy.

When erysipelas occurs in comparatively healthy constitutions, from an undigested mass in the stomach, as spoiled fish, an emetic, followed by a cathartic, abstinence, and confinement to diluents for a few days, will constitute the remedial means.

In the course of erysipelas occurring in impaired and broken-down constitutions, whilst a moderate antiphlogistic course is pursued, there will result a sudden depression of vital power, manifested by the brown tongue, the purple color of the skin, the enfeebled energies of the circulation, and the manifest failure of animal heat; in such cases, there can be no hesitation in the vigorous administration of tonics and stimulants. Wine, ammonia and bark are the best remedies. Six or seven ounces of wine daily, and five-grain doses of quinine five or six times in the twenty-four hours, will sometimes stimulate efficiently the nervous energies, and enable the constitution to rally from its depressed state.

II. *Phlegmonous Erysipelas.*—In this form the disease is more severe, and demands, in the majority of cases, the vigorous pursuit of antiphlogistic means. In the young and plethoric, the violent constitutional disturbance must be moderated by venesection, repeated as the state of vascular action demands. This remedy prepares the way for the application of leeches, according to the degree and extent of the local inflammation.

When phlegmonous erysipelas occurs in the extremities of the young and robust, after venesection and the application of leeches, the patient is to be placed in a warm bath, not merely to facilitate the flow of blood from the leech bites, but to restore the balance of the capillary circulation. The repeated use of warm baths is highly recommended by Rayer as a powerful remedy in the early stage of this disease. Purgatives must be given, conjointly with the above remedies. The best form, in most instances, will be a combination of sulph. of magnesia and tart. antimony, dissolved in distilled water, giving $\frac{1}{4}$—$\frac{1}{2}$ gr. tart. ant. and ʒ ij. of sulph. magnesia, every two or three hours. Submur. hydrarg. may be combined with an equal quantity of pulvis. antimonialis, and given in four or five grain doses every two or four hours, with an occa-

sional saline purgative. With respect to local applications, we must consult the feelings of the patient; in some instances cold applications, as alcohol and water, super-acetate of lead dissolved in water; in others, warm emollient poultices will be the most soothing and agreeable.

If the local disease is not much interrupted by our local and general remedies, and the speedy supervention of suppuration and sloughing is threatened, or if we are deprived of the use of leeches, incisions should be employed; the extent being determined by the depth of the inflammation and the degree of tension. From two to four inches in length, will generally be requisite. These, followed by warm fomentations and emollient poultices, the use of salines and diaphoretics, will often arrest the disease in its first stage.

When phlegmonous erysipelas of the limbs occurs in constitutions enfeebled by age, intemperance, or disease, our antiphlogistic course must be greatly modified, the constitutional energies being supported, while the local disease is combated by mild antiphlogistic applications. But in such constitutions, when the inflammation is extending itself widely, in the cellular tissue, incisions must be promptly made, the vital powers being supported by an adequate administration of wine, ammonia and quinine. If the tumefaction be merely the result of effusion of serum, the incisions relieve heat, pain and tension, and the wounds contract and heal rapidly by adhesive inflammation.

In the suppurative stage, incisions, with appropriate remedies for functional disturbance and impaired vital energy, will constitute the remedial means. Whatever doubts may exist with respect to the employment of incisions in the primary inflammatory stage, all practical surgeons must concur in their absolute necessity in cases of extensive suppuration and sloughing of the cellular tissue. Employed in the stage of effusion of serum, they often interrupt inflammation, and prevent the process of suppuration. In the stage of suppuration, they not only give an outlet to the retained mass of purulent matter and disorganized cellular tissue, but interrupt the suppurative inflammation, and essentially relieve many severe local and general symptoms, as pain, tension, delirium, diarrhœa, and disturbance of the nervous and vascular systems. If the cellular tissue under the aponeuroses be strangulated, the incision, to afford the requisite relief, must be longer and deeper than in diffuse suppuration confined to the subcutaneous cellular tissue. Mr. Copland Hutchinson, in his Practical Observations on Surgery, says —"These incisions may be made about an inch and a half in length, from two to four inches apart, and varied in number from four to eighteen, according to the extent of surface the disease is found to occupy." Mr. Lawrence says he has found, by repeated experience, that a single incision, carried through the middle of the inflamed part, in a direction parallel to the long axis of the limb, is quite sufficient; the incision being made by a double-edged bistoury, and carried down to the fascia. Mr. Travers, who recommends the incisions not to exceed three inches, advises that if arteries of a size requiring more than the pressure of the finger for two minutes be divided, they should be secured by ligature. The arterial bleeding he considers neither advantageous nor safe, though

the venous is beneficial. The bleeding is to be encouraged by warm fomentations; checking it, however, by posture and pressure, when the system seems to suffer from it, especially in those of advanced life. Stimulants may be requisite for fainting. The wounds are now to be dressed with oil and lint, or basilicon unguent and turpentine, applied on lint, and covered with a warm emollient poultice, to encourage the discharge of matter and sloughs of cellular tissue. If the skin be much affected by the extent of suppuration and sloughing, it is important, as advised by Dupuytren, to avoid separating the few remaining bloodvessels and nerves, upon which the only hope of restoring the lost skin is based. When the dead cellular tissue has been thoroughly discharged, and healthy granulations have made their appearance, careful bandaging will facilitate the formation of adhesions and cicatrices.

Incisions are applicable to phlegmonous erysipelas attacking other portions of the body. A transverse incision in the eyelid is sometimes required, in erysipelas of the face, when suppuration has occurred in the cellular texture of the eyelid. Incisions are promptly required in phlegmonous erysipelas attacking the deep-seated cellular tissue of the scalp; the number and extent to be determined by the severity of the case.

After incisions, when the skin is not much affected, the wounds rapidly heal; but if there be extensive loss of skin and cellular substance, the reparation of the lost parts is a work of skill and judgment. The skin and subjacent tissues may require to be stimulated by bark, fermenting poultices and stimulating lotions, and the constitution by wine, bark, ammonia and antispasmodics. On the other hand, the local inflammation may require leeches and soothing applications, and a corresponding modification of regimen, in order to produce adhesion and cicatrization.

III. *Œdematous Erysipelas—E. Œdematodes.*—Œdematous erysipelas, occurring in broken constitutions, demands a mild antiphlogistic course, and constant attention to the state of the vital energies. We are to direct our remedial means against symptoms; giving mild laxatives and emollient enemas to remove intestinal secretions, prescribing low diet, and, perhaps, the application of leeches for local excitement; and wine, ammonia and quinine for manifest debility. In some of the protracted forms of œdematous erysipelas, Dr. Green, of London, has used the sulphur-fume bath, with great benefit. Moderate compression, by bandage, has sometimes proved serviceable in the latter stage of this form of the disease. In patients of intemperate habits, it is often necessary to resort to the accustomed stimulus, to sustain the strength and to tranquillize the general disturbance of the system. The approach of gangrene demands the vigorous administration of wine, opium, quinine and ammonia.

In erysipelas occurring in an epidemic form, the treatment must be essentially modified by the constitution of the atmosphere. In the malignant form, which invades the superficial and deep-seated cellular tissue of the throat and neck, incisions are required to relieve strangulation, tonic purgatives to improve the secretions, and wine and bark to

support vital energy. In erysipelas complicated with diffuse phlebitis, the best devised plan of treatment fails in arresting the fatal termination of the disease.

In erysipelas occurring in the course of fevers, we may resort to punctures upon the inflamed surface, the bleeding being encouraged by sponging with warm water. This measure may be combined with the administration of appropriate purgatives, to remove excrementitious matter, and tonics and stimulants to increase vital power. It is in this form of the disease that wine, given to the extent of ʒvi.—viij. daily, and quinine to the extent of ʒss. daily, exert a renovating power over the constitution. In some complicated cases, occurring during the debility of protracted disease, Dr. Graves has witnessed very excellent effects from the administration of quinine, in the form of an enema—as 5 grs. sulph. quinine in two ounces of liquid starch, with a few drops of laudanum, given every four hours. Counter-irritation, by means of blisters, was employed at the same time.

Erysipelas Infantum.—In erysipelas infantum, it is important to renew the secretions, particularly the hepatic. We have found a combination of soda, ipecacuanha and submurias hydrargyri very useful as an alterative to act upon the liver and skin. A powder composed of one fourth of a grain of submurias hydrarg., the same quantity of ipecacuan. and one grain of the bi-carbonate of soda, rubbed up with a few grains of sugar, should be given every three or four hours. In mild forms of erysipelas, occurring in infants at the breast, the milk of the mother will sustain the child's strength. But in cases of manifest debility, quinine may be given with the best effects. In all cases tending to gangrene the same remedies are indicated as in adults; quinine and ammonia are to be used in doses proportioned to the age of the child. In children more advanced in age, leeches, for local tension and heat, will constitute a valuable remedy. Incisions may in some instances be demanded to give an outlet to purulent matter and sloughs of cellular tissue.

A great variety of local applications have been used, by different authors, in the treatment of erysipelas. In selecting those adapted to an individual case, the practitioner must be governed, in some instances, by a consideration of the feelings of the patient; in others, by the form of the disease, its seat and stage. The favorite application of Abernethy, was the pulp of a soft-bread poultice, which he considered as better adapted than any other application, "to soothe the parts affected, and to abate their inordinate action." Dr. Dobson recommends a lotion composed as follows, viz.: R. Liq. ammon. acet. oss. spt. camphor, fʒi.; aquæ puræ, fʒvij. M. He uses this in connection with punctures, without fear of revulsion or metastasis. Dr. Peart advises a lotion consisting of one drachm of subcarbonate of ammonia, and one of superacetate of lead, dissolved in a pint of rose water. Lawrence uses cold applications in the commencement of the inflammation; and when the inflammation is developed, warm applications, as fomentations, steadily used for hours together; the part being covered with a warm bread poultice in the intervals of fomenting. M. Reynaud has used, with much success, carded cotton, as a local application in erysipelas.

Its beneficial effect has since been proved, by repeated trials. Sir Astley Cooper directs camphorated spirits of wine in the first stages; and for gangrene, the port-wine poultice, or the nitrous-acid lotion, in the proportion of a drachm of the undiluted acid to a quart of water. Mr. Higginbottom recommends superficial cauterization, by means of the nitrate of silver, as a means of arresting the spreading of erysipelatous inflammation on the skin, and in the cellular tissue. Most practitioners have, perhaps, witnessed cases illustrative of its good effects, when combined with proper constitutional treatment. Dr. Davies has used the tincture of iodine, as a local application, with an uniformly beneficial effect.* He paints the whole of the inflamed surface with the tincture of iodine, made in the proportion of forty grains of iodine to an ounce of spirits of wine. The first application is followed by a sensible abatement of the local inflammation. On the following day it is again applied; its strength, perhaps, being diminished by the addition of alcohol. Its application may be renewed from day to day, as the symptoms demand. The confidence of Dr. Davies in the power of this local remedy, seems to be founded on numerous trials and abundant evidence of its efficacy. It may be proper to remark, that Dr. Davies's constitutional treatment consists in adoption of cautious bloodletting, mercurial purgatives and calomel, combined with opium, carried to the point of affecting the system, in cases which demand it.

Blisters are another local remedial means, which have been advised by the highest authorities, as Physick and Dupuytren. With respect to the expediency of their application, however, the opinions of the medical public still remain divided. The following remarks of Patissier, on their use in phlegmonous erysipelas, are worthy of perusal.

" Enfin, il me reste, à indiquer un moyen qui, aidé de la plupart de ceux dont je viens de faire mention, détermine en quelque sorte la crise de la maladie; je veux parler des vésicatoires. Therenim dit que de son temps, on employait fort communement les vésicatoires appliqués loin de la partie malade, comme propre à détourner l'humeur érysipélateuse. Desault rejette ce moyen, non d'apres sa propre expériénce, mais d'apres un fait rapporté par Alix. Long temps apres, Petit de Lyon essaya avec succès les vésicatoires apposes au centre de l'inflammation dans l'érysipèle et le phlegmon simples, et dans érysipèle phlegmoneux, comme le prouve une dissertation présentée et soutenue à l'Ecole de Medecine de Montpellier par une de ses élèves, M. Rodamel; enfin, dans ces derniers temps, M. le professeur Dupuytren, à qui l'art doit d'heureuse modifications dans le traitement de plusieurs maladies, a rappelé avec avantage les vésicatoires, pour la curation de l'érysipèle phlegmoneux. Dans le traitement de cette maladie, on n'obtient de l'emploi des vésicatoires d'avantages marqués que lorsque la suppuration n'est pas encore établie. Dès le début de la maladie, apres avoir par la saignée diminué la pléthore sanguine, et combattu les symptômes bileux par l'émétique, il faut appliquer au centre de l'inflammation un large

* Selections in Pathology and Surgery. By John Davies, Surgeon to the General Infirmary at Hertford, and late editor of the London Medical and Surgical Journal.

vésicatoire camphré que l'on n'enléve qu'au bout de vingt-quatre heures; on détache la vésicule, et on sollicite la suppuration jusqu'à ce que la partie soit complétement dégorgée. Si l'inflammation occupe une grande étendue, il faut placer plusieurs vésicatoires à quelque distance l'un de l'autre, sur le siége de l'inflammation. Par ce moyen énergique, l'on voit, dans l'espace de quelques jours, des membres entiers énormément gouflés, reprendre peu-à-peu leur volume naturel; quelquefois cependant, il se forme quelques petits abcès, soit le long du trajet des vaisseaux lymphatiques, soit même audessous des vésicatoires; mais ces accidens légers peuvent-ils entrer en comparison avec les abcès énormes et les larges ulcéres qui succèdent ordinairement à l'érysipèle phlegmoneux abandonné à lui-même. En ne consultant que la théorie, on peut être effrayé de voir appliquer sur une partie enflammée, un violent irritant. Il parait en effet au premier coup-d'œil que cette application ne peut que augmenter l'inflammation déja existante, et qu'on doit redouter des accidens plus graves, que ceux que l'on a l'attention de prévenir; et comme l'action du vésicatoire est de concentrer sur un point toute l'inflammation, et de déterminer sur ce point une irritation plus vive que dans les autres parties inflammées, il semble qu'il doit en résulter le gangréne; mais j'ai vu guérir plus des cinquante érysipèles phlegmoneux, et j'en ai guéri moi-même plusieurs par les vésicatoires, sans que cet accident soit jamais survenir."

Erysipelas, as it occurs in different constitutions, in different states of vital energy, under different epidemic constitutions of the air, and in different stages of the same attack, combines different, and even opposite pathological states. But in the majority of cases the antiphlogistic course must be pursued, but modified by the constitution, the stage of the disease, the existing complications, and the sudden transitions of the disease from a comparatively sthenic to an asthenic state.

DR. ANDREW HARRIS.

[Communicated for the Boston Medical and Surgical Journal.]

Died at Canterbury, Conn., the last week in May, Andrew Harris, M.D., in the fifty-third year of his age.

For a number of years past, Dr. Harris has been considered, with justice, as the most distinguished operative surgeon in the eastern section of Connecticut. He performed most of the important operations in that part of the State, from the Massachusetts line to the seashore, as well as a considerable number in the adjoining towns of Rhode Island. His decease has left a chasm, which it will take a long time to fill with any one who can share the same portion of the approbation and confidence of the public.

He was a native of Rhode Island, and was born about five miles from Providence, upon a farm which had descended to his father from the Harris who was one of the first settlers, and one of the principal men who coöperated with Roger Williams. His academical education he received, or rather completed, at Plainfield, where there was, at that

day, perhaps the most flourishing academy in Connecticut. His private medical studies were pursued under the tuition of Dr. Joseph Palmer, who was his brother-in-law, at Ashford. Thence, he attended a course of lectures at Dartmouth College, and was a favorite pupil of the late Professor Nathan Smith. Here he formed his taste for anatomy and surgery. He finally completed his preparatory studies, by attending a course at Philadelphia, where he became familiar with dissection and operative surgery. Having a strong attachment to his profession, being uncommonly studious and industrious, and possessing naturally mechanical skill and dexterity, few candidates for public patronage came forward under such favorable circumstances. By those who knew him, much was expected from him, and his success was such as to gratify these high expectations. Without attempting here to specify the several branches in which he was eminent, it is yet proper to mention one particular, in which his success, from some consideration or other, was pre-eminent. He very frequently extirpated scirrhous or cancerous tumors, and, contrary to the experience of many able surgeons, the instances of relapse were very few. The same may be justly said of another of his operations. He was in the habit of tying varicose veins, without any of those unpleasant results, of which many practitioners complain. He had no hesitation, therefore, to operating in either of those diseases, provided the system in general remained tolerably sound; and his usual success demonstrated the soundness of his judgment.

But, after all, it was the character of the doctor as a citizen, which endeared him to his friends, acquaintance and employers, fully as much as his professional standing. Here description will fail to convey any adequate idea to those to whom he was not personally known. He was peculiarly a man of business, and his activity, industry and perseverance had scarcely any limits. In whatever concerned the general good and public improvement, he was ardent in the extreme. He unquestionably exhausted himself prematurely, and sunk into an early grave in the midst of his usefulness, in consequence of his unwearied and intense exertions. Agriculture, the improvement of stock, manufactures, turnpikes and railroads, with almost every object of the kind, attracted his attention. It is uncommon to find a man devote himself to so many things, to do most of them so well, and still not neglect his profession. One circumstance, however, was greatly in his favor. Though he was not rich, and never attained to wealth, in the modern acceptation of the term, yet he was ever far from being poor, and from his earliest youth his pecuniary circumstances were always easy, and, it is believed, free from embarrassment. He was thus able to sustain his native independence of character with ease.

His intercourse with his professional brethren was always attended with frankness and candor. It is rare, if ever, we find a professional man of his eminence who was so little disturbed by the jealousy or envy of others. He appeared to be on the best terms with every physician in his vicinity. In consultations, his opinions were considered as of the highest authority; but they were delivered with so much modesty, that they never gave offence, even when there might be a difference in judg-

ment. He lived upon a farm of considerable size, which was cultivated under his inspection, and, when circumstances would admit, with his own labor. As has been said, he had a mechanical turn. This he improved, and curious and useful inventions and works were to be seen upon his premises, made by his own hands.

He was peculiarly happy in his family, and his house was the seat of hospitality and benevolence. His residence was distinguished for cultivation and taste, and a degree of elegance, not very common in country mansions.

The ardent and active friend of social order, and of the substantial institutions of society, he was distinguished for his exertions—not ultra, but rational—in the cause of temperance, and he was one of the main pillars in the ecclesiastical community to which he belonged. He bore with calmness, patience and resignation, his last, protracted illness, which was a pulmonary affection, evidently occasioned by his excessive professional labors, in connection with his other various and arduous employments. He was much engaged, in the latter part of his life, in the study of the Scriptures, and found in them support and consolation.

It is not to be expected that every one can fill such an extensive sphere of usefulness, or be endued with such various and eminent talents, as fell to the lot of Dr. Harris; but his example is of great importance to the younger part of his profession. By imitating his industry, prudence and perseverance—and even such a portion of his ardor and intensity as their physical constitutions admit—they can scarcely fail of being useful to themselves and others, and of finding, in the end, their merits acknowledged by the public.

The doctor has left a widow and three children (all daughters), with a sympathizing community, to lament their irreparable loss. By few is it felt more sensibly, than by the writer of this very imperfect and inadequate notice. T. M.

June, 1840.

MR. COMBE'S VISIT TO CINCINNATI.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In your Journal of 27th May, among "Medical Items from the West," it is said that Dr. Combe "spent a few days in Cincinnati in April, without delivering a single lecture, or making any acquaintance with the medical gentlemen of the city. We cannot tell why he was so reserved." Allow me to mention that *Dr. Combe* has never been in the United States, and, therefore, was not at Cincinnati in April; but as I am obviously the individual alluded to, I shall explain why I did not lecture in that city.

When I came to the United States in Sept., 1838, it was my intention to lecture in the eastern cities in the first winter, and in Baltimore and the western cities during the second winter of my stay. In April or May, 1839, I was waited on, in New York city, by Dr. S. D. Gross, of Cincinnati; who inquired if I would lecture there. I explained to him

that phrenology is a disputed subject; that I did not wish to intrude it on unwilling ears; that in Britain, I had never lectured out of Edinburgh, except on invitation and to an audience pledged to attend; that in the United States I had followed the same rule; that in Baltimore, after public advertisements, no adequate class could be mustered, and that I had not lectured there; that I was willing to lecture in Cincinnati if 150 hearers could be guaranteed, but not otherwise; and I agreed to keep my arrangements open till 1st July, to allow him time to return home and ascertain the public sentiment on the subject. He never wrote to me, and no invitation ever came. In consequence I abandoned my intention of lecturing in the West, believing that I was not wanted.

My visit to Cincinnati in April was merely in the course of a rapid excursion to see the physical aspects of the country before embarking for Europe. I had then no intention of lecturing, and had not a single illustration with me for the purpose. I had only one month to spare for my whole western excursion, and presented no letters of introduction in any of the cities.

Your correspondent adds, "we understand that he (Dr. Combe) stated to *a gentleman in private conversation*," a reason for not lecturing on phrenology in Cincinnati; which is disrespectful to the inhabitants of that city and injurious to me. Here is obviously a mistake. No *gentleman* would report "a private conversation" injurious to the friend who had confided in his honor. The very act of doing so implies a dereliction of principle so manifest that it deprives the report of every legitimate pretension to authenticity. I therefore consider it unnecessary to contradict it. Yours, &c.

New York, 30th May, 1840. GEO. COMBE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 17, 1840.

DISEASES OF THE SPINAL COLUMN.

IN the Transactions of the Medical Society of the State of New York, there is published a prize essay on the diseases of the spinal column—their causes, diagnosis, history, and the best mode of treatment—by Nathan N. Davis, M.D. It strikes us that Dr. Davis merits something more than a gold medal for this very useful and judicious performance. He appears to have examined the subject with that degree of care which should be exercised especially by those who attempt to teach others. In its present form, locked up in the annual publication of the Society, the utility of the dissertation is in a measure confined to the limits of the State. If there is nothing in the statutes of the Society which forbids the free disposal of their papers in any way that will be most conducive to the interest of the profession every where, which, indeed, is the interest of humanity, this excellent production should assume the form of a small volume, and be placed on sale throughout the whole country.

In the midst of social life, blessed with all the accompaniments of civilization, there is a bane showing itself in the distortions of youth, that seems not to have been a recognized evil of much extent in the earlier history of this country. Since the forests were felled, and the rugged surface of the ground gave way to the active industry of our ancestors, and bread could be procured with less sweat of the brow, diseases have been developed which were scarcely known to the last generation. With the progress of refinement, the tares of physical woe began to show themselves in new or diversified forms; and the achievements in science, the object of which is to enlarge the sphere of knowledge and increase the amount of human happiness, do not always afford the successful means of accomplishing either.

An incurvation of the spine, the unsymmetrical projection of a shoulder, the malformation of a bone, in most instances, is now referred to some offending cause, which nature abhors as she once did a vacuum. There is a philosophy abroad that recognizes principles, and is perfectly competent to the solution of problems in physiology, that were too readily, at one period, viewed as insurmountable obstacles in the practice of medicine. Spinal affections have been regarded in the light of very formidable difficulties, quite beyond the pale of remedies. And what have been the remedies used? They consisted, until recently, in a majority of instances, of internal medications, the swallowing of boluses, or, perhaps, an occasional application of a harmless liniment, of no more efficacy than the Digby sympathetic powder, of olden times, bound on the edge of a cutting instrument to heal an incised wound. Physical treatment—in other words, using those bones and muscles which were unable to perform their appropriate functions, because in many cases no labor had devolved upon them—appears to have been quite neglected. People have always been slow to believe that diseases could be overcome by any other means than those to which they have been most accustomed. This, in part, explains the reason of the slow march of a correct system of management in spinal difficulties. The maxim, "what can't be cured, must be endured," has made thousands of cripples, who might have been partially, if not wholly, restored by the simple, yet efficient methods of the present day.

Dr. Davis has brought within the compass of a portable treatise, the opinions of those most distinguished in this particular department—a labor requiring indefatigable research. This gives the reader an advantage of very considerable importance, since time is money. He discusses the relative value of the various kinds of treatment, and, in the fewest words in which it is possible, details symptoms, and puts the practitioner in possession of the experience of the ablest physicians of the age.

Those who have the good fortune to receive this dissertation, will at once discover that it is no ordinary work. Notwithstanding the vulgar assertion that there is nothing new, it is very certain that medicine and surgery would make a sorry figure in the world, were no efforts successfully made to develope something new, either in the way of expounding principles or treasuring up facts. The increased value of life is a striking evidence of the benefits of the efforts now making for the best good of the race, so far as the lessening of the physical evils to which we are incident, is concerned. We cannot withhold our warm expressions of praise from Dr. Davis, without doing injustice to a talented writer.

Journal of Dental Science.—Another number, being the fifth in the regular series, has been distributed. The leading article is a continuation of the memoir of the late John Greenwood, of New York, formerly a celebrated dentist. There is more in this part of it relative to the war of the revolution, than the art to which he was principally devoted. Article second, on Odontalgia, by S. P. Hullihen, of Wheeling, Va., is of practical utility, and, in fact, to the unscientific man, contains very comforting intelligence, should he happen to suffer from diseased teeth. The third paper is too short, altogether so, since the topic is one that would bear being spread over half a dozen pages. We were in hope that Mr. Stringfellow had examined the *lithodon*, said to have been discovered in this city, and told us whether it was anything more than an amalgam of some of the metals. It seems that this periodical is well received in England —one of the most gratifying compliments to the dentists of the United States, that could have been conferred upon them. Even a respectable list of subscribers has been sent on from that country. We always liked the enterprise, and therefore wish the editors every kind of encouragement.

Washington University of Baltimore.—Another season has presented us with the annual circular of the medical department of this thriving institution, which is distinguished for the energy and science of the faculty. There is an introduction to the catalogue of students attending the last course of lectures, distinguished for its good sense and appropriateness, that is worth perusal even by those who are unconnected with the study of medicine. A summer course of lectures is delivered, commencing in April and terminating in July. The fee is $10 for each ticket—the plan being perfectly democratic, allowing the applicant to hear or not to hear, as he pleases. If the student takes the whole, it costs $50. On the first Monday of October, the regular series of winter lectures begin. From the statements accompanying the circular, it is obvious that the school is prosperous. Dr. J. R. W. Dunbar, whom we have always regarded as one destined to take an elevated place amongst American surgeons, still continues in the professorship of surgery and surgical anatomy.

Connecticut Medical Society.—The proceedings of this Society at their late Convention have been received from the Secretary. The Society appears to be in a flourishing condition. The Committee appointed to nominate candidates for honorary degrees, recommended Benjamin Hopkins Catlin, of *Haddam;* Asa Witter, of *Woodstock;* Mason Manning, of *Stonington;* Orson Wood, of *Somers;* and Anson Moody, of *North Haven*, to the President and Fellows of Yale College, as candidates for the Honorary Degree of Doctor in Medicine; and George Frost, M.D., of *Springfield, Mass.*, as an Honorary Member of the Connecticut Medical Society.

Dr. Richard Warner read a Dissertation on the Advantages of prompt and efficient practice in Acute Diseases.

The committee appointed to nominate a dissertator for the next convention, recommended Dr. Amariah Brigham, of Hartford, who was accordingly appointed. It was resolved, that for the purpose of obtaining statistical returns of the births and deaths in the State, the Secretary be requested to furnish each physician with a blank form, and circular, to be

returned by the Fellows to the Secretary, who shall report the same to the Convention.

Dyer T. Brainard, M.D., of New London, delivered an address to the candidates, agreeably to previous appointment; and Silas Fuller, M.D., of Hartford, was appointed to deliver the address to the candidates at the annual examination in 1841.

On the Treatment of Synovial Tumors by Subcutaneous Incision. By M. Barthelemy.—This mode of treatment was suggested by the very slight local or general disturbance which has been found to succeed the section of muscles even of considerable extent, when the skin over them is not divided. The operation consists in raising a fold of the skin near the tumor, and passing a long thin lancet-shaped knife under it to the left side of the swelling, which is then by a sweep of the instrument split into two portions. The instrument is then withdrawn by the same narrow aperture at which it entered, and care is taken that no air should pass along the track of the wound. The fluid which the cyst contains diffuses itself into the surrounding tissue and soon disappears, leaving, it is presumed, no chance of the relapses which are common after every other mode of treatment.

The operation has been performed with success, and with no subsequent ill effect, by MM. Barthelemy, Marechal and Malgaigne.—*Gaz. Médicale.*

On Division of the Muscles of the Back in Cases of Lateral Deviation of the Spine. By M. Bouvier.—They who maintain that contraction of the muscles plays the chief part in the greater number of lateral deviations of the spine, and that these deformities should in consequence be treated by tenotomy, are required to prove the affirmation of the three following positions: 1. That in the majority of lateral deviations of the spine, as in deformities really produced by muscular contraction, the muscles corresponding to the concavity of the curvature are rendered extremely tense, when an attempt is made to straighten the spine. 2. That the permanent retraction of these muscles is not preceded in the greater number of cases by deformity of the spine. 3. That section or excision of these same muscles on the dead subject causes total or partial disappearance of the curvature. [M. Bouvier decides each of these points in the negative; and hence concludes that curvatures of the spine are not in the majority of cases capable of cure by the plan recently advised and practised by a rival orthopœdist of the French capital. The point at issue can, however, only be fairly settled by the results of the operation on the living subject.]—*L'Expérience.*

Mortality of the Sexes.—The following are among the most striking results of the English Registration Tables, with reference to the comparative mortality of the sexes. In early life, the mortality among boys is much greater than in girls. In 1837–8, there died of males in all England, under 1 year, 33,990; of females, 31,898; being a majority of 2,092. This seems to have been foreseen by the Author of Nature, and the increased proportion of births in the male sex was made the compensating measure. The non-recurrent maladies affect the two sexes equally; so do typhus and many other acute and chronic disorders. In middle life the mortality among males is greater than among females, in the proportion

of 520 to 493. Nevertheless, there are some few exceptions to this rule; consumptive affections are more frequent in females than males, in the proportion of 41 to 37; cancer, in the proportion of 2 to 1; dropsy, 8 to 7; hooping cough, 46 to 37. Violent deaths are, however, more frequent in males, in the proportion of 3 to 1. Affections of the heart are more frequently fatal in men, in the proportion of 26 to 19. Females attain a greater age. In 1837 there died, at above the age of 77 years, 73 men to 111 females. Total annual mortality in London, 27 males to 25 females; all England, 75 males, 73 females. If the lecturer were to speculate on the cause of the superior longevity enjoyed by females, he should attribute the circumstance, not to any difference in their original conformation, for men were built, probably, of stronger materials, but to the healthier condition and temperament of the female mind, which, being better regulated than ours, rose superior to the cares and anxieties which shorten the days of men.—*Dr. Gregory.*

Obturator Hernia.—An example of this rare form of hernia was recently met with by M. Bouvier, in a person aged 80 years. The disease had not been recognised during life. The only symptoms of an intestinal obstruction were constipation and tympanitis. On examination after death, a quantity of greyish and fœtid fluid was found extravasated in the upper part of the thigh. A small portion of the ileum, in a state of gangrene, lay outside the opening through which the obturator vessels and nerves pass. The hernial sac, as in the case published by M. H. Cloquet, was situate inside and in front of the vessels and nerves, and behind the small adductor and pectinæus muscles, by which it was separated from the crural vessels. Hence the surgeon, were he to discover the existence of such a hernia during life, would be forced to seek it underneath these parts, and to divide the stricture on the inner side.—*Bul. de l'Acad.*

Medical Miscellany.—Dr. Ticknor, late first surgeon of the Ohio, has returned home from the Mediterranean. A wide distribution of some of the naval surgeons has been made: this was necessary, since the vessels of war belonging to the U. S. visit every port of consequence on the globe. —Physic and surgery are in a low condition in Mexico. Well-qualified professional gentlemen from the States, succeed admirably in that country. —Cases of poisoning by some kind of salt-water fish begin to occur. Eruptions which smart badly, on the face and hands, are not unfrequent in the commencement of the summer, in consequence of eating fresh mackerel.—No further mention is made by late arrivals, of the further progress of cholera in Bombay.—Mr. Combe, the celebrated phrenologist, sailed from New York, in the British Queen, the 1st inst.

Died,—At Lenox, Ms., Dr. Charles Worthington, 61.—At Richmond, Va., Dr. Richard Kennon, late of the U. S. Navy, 36.

Married,—Joshua Tucker, M.D., of Boston, to Miss S. L. Morse, of Winchendon, Mass.

Number of deaths in Boston for the week ending June 13, 22.—Males, 10—females, 12.—Stillborn, 2.
Of consumption, 1—typhous fever, 1—infantile, 4—inflammation of the bowels, 1—dropsy on the heart, 1—old age, 1—scarlet fever, 3—dropsy on the brain, 2—cancer on the lungs, 1—throat distemper, 1—rheumatic fever, 1—teething, 1—stoppage in the bowels, 1—lung fever, 1.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospital, by	DR. BOWDITCH.
Anatomy and Medical Jurisprudence, by	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

M. S. PERRY, C. H. STEDMAN,
H. I. BOWDITCH, H. G. WILEY.

June 17—eoptf

TO DENTISTS.

THE advertiser informs the Dental Profession and others, that he is now manufacturing two Metallic Compounds, for male and female dies, to be used in striking up plates of gold for artificial teeth or other purposes. The first of these metals melts with so little heat that it may be poured into wax impressions without softening them; yet, when cold, it is very hard. The second metal will fuse at a still lower temperature, and is much softer. These metals (numbered 1 and 2) will raise a plate with as much facility and accuracy as zinc and tin. Therefore, plaster of Paris, casting sand, and other inconveniences, may be dispensed with.

It may be had in any quantity of EBENEZER SEAVER, 68 Tremont st. Price, $2 per pound.

June 17—eptf

A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if, by letter, post paid. June 2—eoptf

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 724 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner.*

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of *auscultation* and *percussion* can be found."—*American Journal of Medical Sciences (Philadelphia).*

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognised, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal.* March 11—6m

THE subscriber, wishing to relinquish his business, as a practising physician, offers his stand (which he has occupied for thirty-five years) for sale, situated in the centre of Auburn. Physicians will do well to give an early call. DANIEL GREEN.

Auburn, Mass., May 25, 1840. June 2—3t*

TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than $1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid. M. 18—

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